



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2016

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2017 OCT 13 PM 4 24

1. Entity ID Number <u>000028354</u>		2. Exact name of the Corporation <u>DAK HILL CEMETERY</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>BURIALS</u>	
4. NAICS Code <u>561730</u>			
6. Principal Office Address <u>204 RATHBUN ST.</u>		City <u>WONSOCKET</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ELIZABETH VANDER</u>		Vice-President Name	
Street Address <u>335 HANCOCK AVE.</u>		Street Address	
City <u>WONSOCKET</u>	State <u>RI</u>	City	State
Zip <u>02895</u>		Zip	
Secretary Name <u>NORMA JENCKES</u>		Treasurer Name <u>NORMA JENCKES</u>	
Street Address <u>17 CRESCENT RD.</u>		Street Address <u>17 CRESCENT RD.</u>	
City <u>PANTUCKET</u>	State <u>RI</u>	City <u>PANTUCKET</u>	State <u>RI</u>
Zip <u>02861</u>		Zip <u>02861</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>NORMA JENCKES</u>		Director Name <u>THE MENCHANT</u>	
Street Address <u>17 CRESCENT RD.</u>		Street Address <u>20 DAK HILL / 204 RATHBUN ST.</u>	
City <u>PANTUCKET</u>	State <u>RI</u>	City <u>WONSOCKET</u>	State <u>RI</u>
Zip <u>02801</u>		Zip <u>02895</u>	
Director Name <u>ABIGAIL SUAREZ</u>		Director Name <u>ELIZABETH VANDER</u>	
Street Address <u>20 FRONT ST.</u>		Street Address <u>335 HANCOCK AVE.</u>	
City <u>WONSOCKET</u>	State <u>RI</u>	City <u>WONSOCKET</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02895</u>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>ELIZABETH VANDER</u>			Date <u>10.13.17</u>
Signature of Officer/Authorized Representative <u>ELIZABETH VANDER</u>			<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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